

DMAP Pro Se: EEOO Complaint

United States District Court

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

Martha Faye Clark

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

CROWN CORK AND SEAL

Case No. 3:21CV001-NBB-JMV
(To be filled out by Clerk's Office only)

Jury Demand?

☐ Yes

☐ No

(In the space above enter the full name(s) of the defendant(s).
If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Section I. Do not include addresses here.)

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

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I. PARTIES**Plaintiff**

List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff:

CLARK MARTHA F.

Name (Last, First, MI)

411 Sanders Rd

Street Address

PANOLA, SARDIS

County, City

MS

State

38666

Zip Code

662-501-6743

Telephone Number

Plams911@gmail.com

E-mail Address (if available)

Defendant(s)

List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant resides or does business. Make sure that the defendant(s) listed below are identical to those contained in the caption. Attach additional sheets of paper as necessary.

Defendant 1:

CROWN CORK AND SEAL

Name (Last, First)

195 CROWN DR

Street Address

PANOLA, BATESVILLE MS

County, City

State

38606

Zip Code

Nature of business:

MANUFACTURER

Defendant 2:

Name (Last, First)

Street Address

County, City

State

Zip Code

Nature of business:

II. CAUSE OF ACTION

Check only the options below that apply in your case.

This employment discrimination lawsuit is brought under:

- ☒ **Title VII of the Civil Rights Act of 1964**, as amended, 42 U.S.C. §§ 2000e, et seq., for employment discrimination on the basis of race, color, religion, sex, or national origin.
- ☐ **Age Discrimination in Employment Act of 1967**, as amended, 29 U.S.C. §§ 621, et seq., for employment discrimination on the basis of age. My year of birth is: _____.
- ☐ **Rehabilitation Act of 1973**, as amended, 29 U.S.C. §§ 701, et seq., for employment discrimination on the basis of a disability by an employer which constitutes a program or activity receiving federal financial assistance.
- ☒ **Americans with Disabilities Act of 1990**, as amended, 42 U.S.C. §§ 12101, et seq., for employment discrimination on the basis of a disability.

☐ Click here to enter text.

This Court has subject matter jurisdiction over this case under the above-listed statutes and under 28 U.S.C. §§ 1331 and 1343.

III. STATEMENT OF CLAIM

The conduct complained of in this lawsuit involves (*check only those that apply*):

CLAIM	DATE(S) OF OCCURRENCE	PLACE OF OCCURRENCE
<input type="checkbox"/> failure to hire me		
<input checked="" type="checkbox"/> termination of my employment	7-12-2019	Crow Cork + Seal
<input type="checkbox"/> failure to promote me		
<input type="checkbox"/> failure to accommodate my disability		
<input type="checkbox"/> terms and conditions of my employment differ from those of similar employees		
<input checked="" type="checkbox"/> retaliation	5-15-2019	Crow Cork + Seal
<input checked="" type="checkbox"/> harassment	1-28-2019	Crow Cork + Seal
<input checked="" type="checkbox"/> other (specify below): Mental AND Racism	5-20-2019	Crow Cork + Seal

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The conduct of Defendant(s) was discriminatory because it was based on (check only those that apply):

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> race | <input type="checkbox"/> religion | <input type="checkbox"/> national origin | <input type="checkbox"/> age (year of birth: _____) |
| <input type="checkbox"/> color | <input checked="" type="checkbox"/> sex | <input checked="" type="checkbox"/> disability | |

Facts

State here briefly the specific facts that support your claim:

I had to prove my mental stability with several evaluation and test as my accusers did not have to do anything. Everything was there word against mine with no witnesses

IV. ADMINISTRATIVE PROCEDURES

Did you file a charge of discrimination against defendant(s) with the EEOC or any other federal or state agency?

- ☒ Yes (You must attach a copy of the charge to this complaint.)
☐ No

Have you received a Notice of Right to Sue from the EEOC?

- ☒ Yes (You must attach a copy of the Notice of the Right to Sue.)
☐ No

V. RELIEF

The relief I want the court to order is (check only those that apply):

- ☐ Direct the defendant to hire the plaintiff
☐ Direct the defendant to re-employ the plaintiff
☐ Direct the defendant to promote the plaintiff.
☐ Direct the defendant to reasonably accommodate the plaintiff's religion
☐ Direct the defendant to reasonably accommodate the plaintiff's disabilities
☒ Direct the defendant to (specify):

Compensate loss wages and emotionally pain and hurt

VI. CLOSING

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

12-10-2020
Dated

Martha Fay Clark
Plaintiff's Signature

CLARK MARTHA E
Printed Name (Last, First, MI)

List the same information for any additional plaintiffs named. Attach additional sheets of paper as necessary.

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

NOTICE OF RIGHT TO SUE (ISSUED ON REQUEST)

To: **Martha F. Clark**
411 Sanders Road
Sardis, MS 38666

From: **Memphis District Office**
1407 Union Avenue
Suite 900
Memphis, TN 38104

☐

On behalf of person(s) aggrieved whose identity is
 CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

490-2020-00680

Tommye L. Cooper,
Investigator

(901) 544-0086

NOTICE TO THE PERSON AGGRIEVED:

(See also the additional information enclosed with this form.)

Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA), or the Genetic Information Nondiscrimination Act (GINA): This is your Notice of Right to Sue, issued under Title VII, the ADA or GINA based on the above-numbered charge. It has been issued at your request. Your lawsuit under Title VII, the ADA or GINA must be filed in a federal or state court **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

☒

More than 180 days have passed since the filing of this charge.

☐

Less than 180 days have passed since the filing of this charge, but I have determined that it is unlikely that the EEOC will be able to complete its administrative processing within 180 days from the filing of this charge.

☒

The EEOC is terminating its processing of this charge.

☐

The EEOC will continue to process this charge.

Age Discrimination in Employment Act (ADEA): You may sue under the ADEA at any time from 60 days after the charge was filed until 90 days after you receive notice that we have completed action on the charge. In this regard, the paragraph marked below applies to your case:

☐

The EEOC is closing your case. Therefore, your lawsuit under the ADEA must be filed in federal or state court **WITHIN 90 DAYS** of your receipt of this Notice. Otherwise, your right to sue based on the above-numbered charge will be lost.

☐

The EEOC is continuing its handling of your ADEA case. However, if 60 days have passed since the filing of the charge, you may file suit in federal or state court under the ADEA at this time.

Equal Pay Act (EPA): You already have the right to sue under the EPA (filing an EEOC charge is not required.) EPA suits must be brought in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that backpay due for any violations that occurred **more than 2 years (3 years)** before you file suit may not be collectible.

If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission

Tommye L. Cooper for

September 21, 2020

Enclosures(s)

Delner Franklin-Thomas,
District Director

(Date Mailed)

cc: **Kendra Thornton**
Ogletree, Deakins, Nash, Smoak & Stewart, P.C.
The Ogletree Bldg.
300 North Main Street, Suite 500
Greenville, SC 29601

Haley C. Fuller
WAIDE & ASSOCIATES, P.A.
P O Box 1357
Tupelo, MS 38802



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: CLARK First Name: MARtha MI: F

Street or Mailing Address: P.O. Box 1901 Apt or Unit #: _____

City: Batesville County: PANOLA State: MS Zip: 38606

Phone Numbers: Home: (662) 487-3087 Work: (662) 563-7664

Cell: (662) 501-6743 Email Address: PIAMS911@gmail.com

Date of Birth: 6-11-1960 Sex: ☐ Male ☒ Female Do You Have a Disability? ☐ Yes ☒ No

Please answer each of the next three questions. i. Are you Hispanic or Latino? ☐ Yes ☒ No

ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaskan Native ☐ Asian ☐ White

☒ Black or African American ☐ Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? U.S. Citizens

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: Shaun Crump Relationship: SON

Address: 7084 Foxhall Dr. City: Horn Lake State: MS Zip Code: 38637

Home Phone: () Other Phone: (901) 870-3138

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☐ Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here ☐ and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: CROWN CORK AND SEAL

Address: 195 Crown Dr County: PANOLA

City: Batesville State: MS Zip: 38606 Phone: (662) 563-7664

Type of Business: Manufacturer Job Location if different from Org. Address: _____

Human Resources Director or Owner Name: Gray Morrow Phone: (662) 563-7664

Number of Employees in the Organization at All Locations: Please Check (X) One

☐ Fewer Than 15 ☐ 15 - 100 ☒ 101 - 200 ☐ 201 - 500 ☐ More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? ☐ Yes ☒ No

Date Hired: 3-1-1988 Job Title At Hire: Lab Technician

Pay Rate When Hired: N/A Last or Current Pay Rate: 18.98

Job Title at Time of Alleged Discrimination: Lab Technician Date Quit/Discharged: 7-12-2019

Name and Title of Immediate Supervisor: Lisa Kee

If Job Applicant, Date You Applied for Job 3-1-1988 Job Title Applied For Lab Technician

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

☒ Race ☐ Sex ☐ Age ☒ Disability ☐ National Origin ☐ Religion ☐ Retaliation ☐ Pregnancy ☐ Color (typically a difference in skin shade within the same race) ☐ Genetic Information; circle which type(s) of genetic information is involved:
 i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: N/A

If you checked genetic information, how did the employer obtain the genetic information? N/A

Other reason (basis) for discrimination (Explain): N/A

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.
 (Example: 10/02/05 - Discharged by Mr. John Sato, Production Supervisor)

A. Date: _____ Action: _____

see Attached

Name and Title of Person(s) Responsible: _____

B. Date: _____ Action: _____

see Attached

Name and Title of Person(s) Responsible: _____

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

see Attached

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

see Attached

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
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A. See Attached

B. See Attached

Of the persons in the same or similar situation as you, who was treated worse than you?

Full Name Race, Sex, Age, National Origin, Religion or Disability Job Title Description of Treatment

A. See Attached

B. See Attached

Of the persons in the same or similar situation as you, who was treated the same as you?

Full Name Race, Sex, Age, National Origin, Religion or Disability Job Title Description of Treatment

A. See Attached

B. See Attached

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

☐ Yes, I have a disability

☐ I do not have a disability now but I did have one

☒ No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

mentally disable, NO I'm NOT mentally disable

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

☐ Yes ☒ No

If "Yes," what medication, medical equipment or other assistance do you use?

N/A

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

☐ Yes ☒ No

If "Yes," when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

See Attached

Describe the changes or assistance that you asked for: N/A

How did your employer respond to your request? N/A

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

Full Name Job Title Address & Phone Number What do you believe this person will tell us?

A. see Attached

B. see Attached

14. Have you filed a charge previously on this matter with the EEOC or another agency? ☐ Yes ☒ No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: N/A

16. Have you sought help about this situation from a union, an attorney, or any other source? ☐ Yes ☒ No
Provide name of organization, name of person you spoke with and date of contact. Results, if any?

N/A

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

BOX 1 ☐ I want to talk to an EEOC counselor before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

BOX 2 ☒ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

Martha Clark
Signature

12-9-2020
Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974, Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) **FORM NUMBER/TITLE/DATE.** EEOC Intake Questionnaire (3/2003). 2) **AUTHORITY.** 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a)
- 3) **PRINCIPAL PURPOSE.** The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge. 4) **ROUTINE USES.** EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION.** Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

Martha Clark

Timeline

The first events occurred around January 28, 2019, Michael Wilson (bailer operator) start to touch me. I informed Lisa Kee (supervisor) it continued until May 14, 2019. The harassment occurred on weekly bases.

On May 15, 2019 I was called into the office for by Gray Morrow (human resource) on allegations that I hit Michael Wilson which I did not do. Gray Morrow (human resource) send me to Dr. William C. Haire (662)563-4641 for a drug test and evaluation.

On May 16, 2019 I was informed by Morgan Terry (215)343-8987 which is associated with Crown Cork & Seal schedule me an appointment to see Dr. Allison C. Hanauer (901)302-6620 for a mental evaluation.

On May 20, 2019 I was send to Dr. William C. Haire again for another drug test.

On May 28, 2019 I had my appointment with Dr. Allison C. Hanauer.

On June 17, 2019 I contacted Gray Morrow to ask for any results in my case. He informed that Dr. William C. Haire will contact me. Later that day Dr. Haire set me up an appointment to have an MRI on my brain.

On June 25, 2019 I went to Oxford Diagnostic Center of Radiology for my MRI on my brain.

On July 2, 2019 I was informed by Gray Morrow to go see Dr. Robin Belkson (662)234-5601.

On July 5, 2019 I was had my appointment to see Dr. Robin Belkson.

People in Involved

Michael Wilson was sex harassing me

Lisa Kee discriminated against me because I told her Michael Wilson was touching me, she did nothing nor told anyone but told HR when Michael Wilson said something. She did not take me seriously because I was her aunt. I felt this was a conflict of interest.

Gray Morrow discriminated against me. He didn't try to hear my side of things. There was no proof of the allegations Michael Wilson and Lisa Kee made against me and he treated me as if I was mentally ill.

Witnesses

Charles Anderson (palletizer) heard the rumors work for Crown Cork & Seal.

Danny work for the Ink Company that supply Crown heard the rumors.

How this Event Harm Me

I was fired. I was also emotionally hurt to lose my job of 31 years over false allegation with no evidence of what I was accused of. They accused me of being mentally unstable and disable to do my job.

Marth Clark

Explanation of the Event

Start around January of 2019 Michael Wilson began to touch me I ask him to stop on several occasions. I told my Supervisor Lisa Kee and she simply stated that he was just being friendly and didn't take the situations seriously. This continued until May of 2019 until I was called into the office by Gray Morrow (human resource) of the allegations I present in my timeline above. I took every test and evaluation that they gave me and passed all of them and was still fired. I had no prior documentation or write ups, no history of poor job performance of any kind. I was falsely accused and discriminated against because they felt I have mental issues.

Martha Clark

A handwritten signature in black ink that reads "Martha Clark". The signature is written in a cursive, flowing style.

I would like to file a sue based of the grounds of mental and racism against Crown Cork & Seals. I previous filed base on mental. But there were some racism circumstances involving my case. I had to prove my mental stability with several evaluations and test as my accusers did not have to do anything. Everything was there word against mines with no witnesses. Dr. Allison Hanauer who performed mental evaluation cleared me to return to work but I was still terminated and test they asked me to take I passed. But I was terminated while my accusers were not asked to do anything, and it was only his word against mines. There were not witnesses to prove what he said was true or actual. Normally in a case like that both people are terminated but based on everything I had to do as far the different tests and the only one to be fired. I felt like it was racism, discrimination, and sexes.

Martha Clark

A handwritten signature in black ink that reads "Martha Clark". The signature is written in a cursive, flowing style.